

# SUMMER XTREME

## INCOMING 7TH GRADERS TO OUTGOING 10TH GRADERS

Rocklin Community Services is offering a weekly summer program for teens at the Spring View Station Xtreme site and John-son-Springview Park, daily from 8:00am-5:00pm. Attendance will require a "per day" fee or a "per week" discounted rate. In addition to these activities, the Summer Xtreme program will offer one field trip per week. Field trips will require an additional fee and pre-registration.

You must register by the Friday prior to the beginning of each session in order to attend the field trip. This does not guarantee a spot on the trip or in the session. Space is limited for all sessions and day trips. NO EXCEPTIONS! Please submit form with payment to Rocklin Community Services at 2650 Sunset Blvd. Rocklin, CA 95677.

**Code: 1906.100**

Dates and Fees are listed below. **Please check the appropriate boxes on the back of this form.**

<b>WEEK 1</b>	6/12-6/16	Trip: Sunsplash	<b>Fees:</b>  <b>Full Day: 8:00am-5:00pm</b> Weekly: \$50/week Daily: \$15/day <b>Half Day: AM 8:00am-1:00pm</b> <b>PM 12:00pm-5:00pm</b> Weekly: \$30/week Daily: \$10/day  *Please note: Times on field trip days may vary
<b>WEEK 2</b>	6/19-6/23	Trip: Great America	
<b>WEEK 3</b>	6/26-6/30	Trip: Scandia Fun Center	
<b>WEEK 4</b>	7/3-7/7 (No camp 7/3 and 7/4)	Trip: Oakland A's	
<b>WEEK 5</b>	7/10-7/14	Trip: White Water Rafting	
<b>WEEK 6</b>	7/17-7/21	Trip: Squaw Valley	
<b>WEEK 7</b>	7/24-7/28	Trip: Six Flags Marine World	
<b>WEEK 8</b>	7/31-8/4	Trip: Wild Adventure Paintball	
<b>WEEK 9</b>	8/7-8/11	Trip: Camping @ Dillon's Beach	

Name (Last/First): \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

School: \_\_\_\_\_ Grade entering: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

### Release & Indemnity

In consideration for being permitted by the City of Rocklin to participate in the above activity (ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child may have, or which hereafter accrue to me, or my child, against the city as a result of my or my child's participation in the activity (ies). This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity, even though that liability may arise out of negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activities; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my child (or my or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs and assigns. In addition, I agree to indemnify and hold harmless the city and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of my or my child's participation in the activity (ies) described above, caused in whole or in part by my and my child's negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city.

**I HAVE CAREFULLY READ THE ABOVE RELEASE & INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY THE CITY AND I SIGN IT OF MY OWN FREE WILL.**

Signature of participant (if under 18, Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

### Photograph Release

I hereby grant to the City of Rocklin the absolute and irrevocable right and permission to use, reuse, and publish all pictures of me or my child taken in the course of City of Rocklin business. I fully understand that I hold no control over the use of the photograph (s) of which I or my child is a part. Further, I grant to the City of Rocklin, and those who the city may represent, the right to use my name or my child's name. I hereby release the City of Rocklin from any and all claims and demands arising out of, or in connection with, the City of Rocklin, as well as the person (s) who took the photograph (s). **I have fully read the foregoing and completely understand the contents.**

Signature of participant (if under 18, Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Week 1 (6/12-6/15)**

☐ Full Week—Full Day \$50 ☐ Full Week—Half Day \$30  
☐ AM ☐ PM

☐ Daily Full Day \$15 ☐ Daily Half Day \$10  
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Trip #1: \$25 (Sunsplash)

Office Use \_\_\_\_\_AMT \_\_\_\_\_CK# \_\_\_\_\_RECT \_\_\_\_\_DATE \_\_\_\_\_BY

**Week 3 (6/26-6/30)**

☐ Full Week—Full Day \$50 ☐ Full Week—Half Day \$30  
☐ AM ☐ PM

☐ Daily Full Day \$15 ☐ Daily Half Day \$10  
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Trip #3: \$25 (Scandia Fun Center)

Office Use \_\_\_\_\_AMT \_\_\_\_\_CK# \_\_\_\_\_RECT \_\_\_\_\_DATE \_\_\_\_\_BY

**Week 5 (7/10-7/14)**

☐ Full Week—Full Day \$50 ☐ Full Week—Half Day \$30  
☐ AM ☐ PM

☐ Daily Full Day \$15 ☐ Daily Half Day \$10  
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Trip #5: \$88 (White Water Rafting)

Office Use \_\_\_\_\_AMT \_\_\_\_\_CK# \_\_\_\_\_RECT \_\_\_\_\_DATE \_\_\_\_\_BY

**Week 7 (7/24-7/28)**

☐ Full Week—Full Day \$50 ☐ Full Week—Half Day \$30  
☐ AM ☐ PM

☐ Daily Full Day \$15 ☐ Daily Half Day \$10  
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Trip #7: \$40 (Six Flags Marine World)

Office Use \_\_\_\_\_AMT \_\_\_\_\_CK# \_\_\_\_\_RECT \_\_\_\_\_DATE \_\_\_\_\_BY

**Week 9 (8/7-8/11)**

☐ Full Week—Full Day \$50 ☐ Full Week—Half Day \$30  
☐ AM ☐ PM

☐ Daily Full Day \$15 ☐ Daily Half Day \$10  
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Trip #9: \$75 (Camping @ Dillon's Beach)

Office Use \_\_\_\_\_AMT \_\_\_\_\_CK# \_\_\_\_\_RECT \_\_\_\_\_DATE \_\_\_\_\_BY

**Week 2 (6/19-6/23)**

☐ Full Week—Full Day \$50 ☐ Full Week—Half Day \$30  
☐ AM ☐ PM

☐ Daily Full Day \$15 ☐ Daily Half Day \$10  
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Trip #2: \$45 (Great America)

Office Use \_\_\_\_\_AMT \_\_\_\_\_CK# \_\_\_\_\_RECT \_\_\_\_\_DATE \_\_\_\_\_BY

**Week 4 (7/3-7/7) No camp 7/3-7/4**

☐ Daily Full Day \$15 ☐ Daily Half Day \$10  
☐ AM ☐ PM

☐ Wednesday ☐ Thursday ☐ Friday

☐ Trip #4: \$35 (Oakland A's Game)

Office Use \_\_\_\_\_AMT \_\_\_\_\_CK# \_\_\_\_\_RECT \_\_\_\_\_DATE \_\_\_\_\_BY

**Week 6 (7/17-7/21)**

☐ Full Week—Full Day \$50 ☐ Full Week—Half Day \$30  
☐ AM ☐ PM

☐ Daily Full Day \$15 ☐ Daily Half Day \$10  
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Trip #6: \$40 (Squaw Valley, Tahoe)

Office Use \_\_\_\_\_AMT \_\_\_\_\_CK# \_\_\_\_\_RECT \_\_\_\_\_DATE \_\_\_\_\_BY

**Week 8 (7/31-8/4)**

☐ Full Week—Full Day \$50 ☐ Full Week—Half Day \$30  
☐ AM ☐ PM

☐ Daily Full Day \$15 ☐ Daily Half Day \$10  
☐ AM ☐ PM

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Trip #8: \$53 (Wild Adventure Paintball)

Office Use \_\_\_\_\_AMT \_\_\_\_\_CK# \_\_\_\_\_RECT \_\_\_\_\_DATE \_\_\_\_\_BY

**Child's Name:**

\_\_\_\_\_

# CITY OF ROCKLIN COMMUNITY SERVICES

## City of Rocklin Station/Summer Xtreme 2006 EMERGENCY INFORMATION

Please fill out form COMPLETELY--you may write "same" for duplicate parent address/phone numbers.

Participant's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_  
Participant's Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Medical Provider: \_\_\_\_\_ #: \_\_\_\_\_  
1st Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_  
2nd Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

In the event of an **EMERGENCY**, if parents are unable to be reached, the following people will be contacted in the order listed:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
1. _____			
2. _____			
3. _____			

## CODE OF CONDUCT AND PARTICIPATION AGREEMENT

As a participant in the Rocklin Recreation Station/Summer Xtreme Teen Program I will:

- \*Abide by all policies of the Station Xtreme Program and Rocklin Unified School District
- \*Be respectful and considerate to staff and other participants
- \*Keep my language and gestures respectful and appropriate

I understand and agree to uphold this Code of Conduct and understand that failure to comply with this Code of Conduct may result in my loss of privileges or permanent expulsion from the program. I understand that when I leave the school site or a supervised activity that I will leave that site and cannot re-enter that day.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Participant: \_\_\_\_\_

## PARENT AGREEMENT

I as the parent or guardian of \_\_\_\_\_, give permission for my child to participate in the City of Rocklin's Station Xtreme Teen Program. I further acknowledge that I have read the RUSD & Station Xtreme codes of conduct and have completed the Emergency Information form and signed both, on behalf of the participant with full knowledge and understanding of its contents.

**Attendance:** Arrival, and departure at Station Xtreme are an agreement between the parent and participant. If requested, an effort will be made by staff to notify parents(s) of unusual attendance or departure from the program. Whenever Station Xtreme closes, the Rocklin Unified School District requires that all students leave the campus at that time.

Please note: PG-13 movies and all video games ratings deemed appropriate by staff may be viewed at Station Xtreme.

**PARENTS WILL BE NOTIFIED IF THE STUDENT IS ASKED TO LEAVE DUE TO INAPPROPRIATE BEHAVIOR.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Parent/Guardian: \_\_\_\_\_